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THE ECONOMIC EVALUATION OF HOME PHARMACIES IN HEALTH AREA

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OBJECTIVES: To analyze and evaluate the economic impact of cost of stored medicines at home. **METHODS:** The population to investigating is constituted by 146,396 homes. The size muestral calculated was 196 homes (alpha error = 0,05; confidence level 95%). The studied variables were: n persons who compose the home; n 65 years older; n of stored medicines and classes; sociocultural level; symptoms of disease in 15 days before the interview; n of persons with chronic disease and type; etc. The statistical analysis was made by the SPSS package. For quantitative: mean, DS, IC95%; for qualitative: proportions. For the analysis multivariate Student's T-test for quantitative variables and test of Chi-square for the qualitative ones. For the calculation of the cost of medicines stored in the homes one has considered 2 values: the cost of the found medication (price sales) and the real value of this medication (considering the amount of present medicine in the package at the moment of the interview). **RESULTS:** The total number of polled homes was of 360. The members average for home was of 3.9 (IC95% 3.8–4,0). The total of found pharmaceutical specialities was 8.544, of them 61% was financed by the NHS, and of financed ones 26.5% and 12.6% they were not bought with and without medical prescription, respectively. The average value for pharmaceutical specialities stored was €130.5/home (IC95%: 121.48–139.48). **CONCLUSIONS:** A high percentage of medication exists stored (12.6%) that in spite of needing medical prescription did not have it. The self medication increases with the level of studies. Almost 75% of the stored medication was not used by any member of the home, and almost 11% they were expired medicines. The total cost of medicines stored in our city can range between €11–13 million (10% of the whole of expense in medicines in Malaga).

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PATIENT SATISFACTION WITH THE PHARMACY FIRST MINOR AILMENTS SCHEME

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OBJECTIVES: As part of the UK Government priorities to improve access for people in primary care, the 'Pharmacy First Minor Ailments' scheme was introduced by Nottingham City Primary Care Trust in December 2003. People can ask for the service, covering 12 minor ailments, at any participating pharmacy and those who are exempt from NHS prescription charges can receive the scheme's formulary medicines free of charge. This study aimed to measure the users' satisfaction with the scheme. **METHODS:** Questionnaires were distributed to scheme users between May and December 2005. Satisfaction was measured using five-point Likert scales for 24 items across eight dimensions: general satisfaction, access/convenience, quality of drug, physical environment, pharmacist's competence, communication, interpersonal aspect and time spent with pharmacist. Individual dimension and overall satisfaction scores for each respondent was calculated by summing the appropriate individ-

ual items scores. **RESULTS:** A total of 143 questionnaires were completed (response rate 14%). Most respondents were white women and the mean age was 33 years (range 17–62). Approximately half of respondents had annual household income below 10,000 GBP. Most respondents were not economically active with 36% looking after family and 25% unemployed. The mean satisfaction score was 99.7 (SD 11.4, range 67–120, possible score 24–120). The highest satisfaction score was reported for access/convenience dimension and the lowest satisfaction with the physical environment. Comparisons of overall satisfaction scores did not demonstrate significant differences with regard to gender, age, ethnicity, educational level, employment and frequency of using the service. However, those with a lower income had significantly higher overall satisfaction scores (ANOVA, $F = 3.272$, $p = 0.042$). **CONCLUSIONS:** Findings demonstrated a high level of satisfaction with the 'Pharmacy First Minor Ailments' scheme, particularly for those with lower incomes. Thus the scheme can be seen as a successful way of improving access to primary care in Nottingham City PCT.

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OCCUPATIONAL INJURIES: USE AND COST OF EMERGENCY DEPARTMENT FOR TREATMENT OF ACCIDENTAL HYPODERMIC NEEDLE PUNCTURES

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OBJECTIVES: Needle punctures are an occupational hazard for health care workers and others. This analysis was performed to assess use and associated costs of Emergency Department (ED) care for work-related needle punctures. **METHODS:** 2001–2003 statewide Massachusetts ED visit databases were analyzed. Work-related needle punctures were identified using diagnosis codes, E-code 920.5 (accidental cutting/ piercing with hypodermic needle) and a primary payer code indicating workmen's compensation. Cost estimates (2006 US\$) include facility, ancillary and physician services. ED charges were adjusted using 0.55 cost-to-charge ratio, appropriate inflation indices and geographic factors to reflect U.S. national values. **RESULTS:** Over the three years, 5288 ED visits for accidental needle punctures were identified. Of those, 3742 (71%) were work-related (annual visits: 2001 = 1171; 2002 = 1262; 2003 = 1309). Mean age was 38 years (median: 37, range: 16–77); 75% were female. Superficial injuries accounted for 9%; 81% were coded as finger/hand/arm wound or injury; 4% other injuries and 5% reflected an administrative encounter. No hospitalizations or deaths occurred. Almost all (98%) patients were treated and released with 2% leaving against medical advice or disposition unknown. Average visit duration was 1.6 hours (median: 1.2) at an average visit cost of \$319 (median: \$255). On average, 1699 ED hours were utilized per year. The average total cost per year for all work-related needle puncture visits was \$418,450 with a cumulative three year cost of roughly \$840,000. **CONCLUSIONS:** The ED is utilized as a primary treatment center for work-related needle punctures, even when the injury is superficial or visit occurs as part of the administrative process. Although the risk of contracting a blood-borne virus and related patient anxiety need to be addressed when such an injury occurs, an alternative, less resource intensive location for evaluating these injuries should be considered, particularly in high risk areas, such as hospitals, given ED time and cost consequences.